

Occupational Health Psychology in Romania: Managers' and Employees' Needs and Perspective

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Occupational Health Psychology (OHP) in Romania is now emerging, in the practitioner's and educational field. The risk management paradigm provides a framework for this paper. The analysis focus is on presenting the perception of current national approach related to stressors and processes that threat employee's and organizational health. Further, we compare the employees' and managers' perspective on OHP issues looking, in Romania and other European countries. Finally we conclude and address OHP challenges and opportunities in Romania.

Keywords: psychosocial risks, quality of work life, risk management, Eastern Europe

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Significant changes (e.g., the dynamic relationship between work and the worker, emerging psychosocial risks and promoting the quality of working life) have been taking place in the work arena, changes that have resulted in new challenges in the field of occupational health. New work situations bring with them new risks for workers and employers which, in turn, demand political, administrative and technical approaches that secure high levels of health at work (EU-OSHA, 2009b). Work-related stressors (e.g., job insecurity, excessive working hours, or an abusive interpersonal treatment) generate new and increasing problems for all companies. Therefore, companies are under even more pressure to remain competitive in a time of economic crisis and therefore have to use resources efficiently.

The present paper addresses the following questions: *How are Romanian OHP problems reflected in European reports? What is the real situation regarding OHP perspective in Romania? And, at last but not least: What can we do?*

The key concepts of this paper are represented by *psychosocial risks (hazards) and their management* (e.g., Cox & Griffiths, 2005). Psychosocial risks are defined as those aspects of the design and management of work, and its social and organisational contexts that have the potential for causing psychological or physical damage (Leka & Cox, 2010). Examples of such risks areas are job content, work schedule, control, interpersonal relationships at work or role in organisation. Cox and Griffiths (2005) argue that psychosocial hazards target the interactions among two fields: on one hand, job content, work organization, and management, and other environmental and organizational conditions, and on the other hand, the employees'

competencies and needs. Thus, psychosocial hazards refer to those aspects of the design and management of work, and its social and organizational contexts that may generate stress. People experience stress when they perceive that there is a difference between the demands made of them and the resources they have available to cope with those demands (EU-OSHA, 2000). Although the experience of stress is psychological, stress also affects people's physical health (Leka & Cox, 2010). The most common factors in organisational stress include lack of control over work, extremely demands, insufficient resources, and lack of support from colleagues and leaders.

A number of models exist in Europe for the assessment and management of risks associated with psychosocial hazards (or risks) and their impact on the employees' and organizations' health (Leka & Cox, 2010). These models have been developed and implemented in different countries and across various sectors or organizations, considered good practices examples: Health Circles (Germany); Ista21 (CoPsoQ) Method (Spain) or SME-vital (Switzerland). The most frequent attempts to reduce the risk to health associated with exposure to psychosocial hazards involve interventions at individual and organizational level (Cox, et al., 2000).

According to Leka and Cox (2010), risk management in Occupational Safety and Health (OSH) is a systematic, evidence-based, problem solving strategy. Risk assessment is a central element of the risk management process and is based on two cycles of activity: risk assessment and risk reduction. Managing psychosocial hazards is not a separate activity but part of the ongoing cycle of good management of work and the effective management of health and safety (EU-OSHA, 2009b). The psychosocial risk management

process needs to incorporate: a risk assessment, an evaluation of existing practices and support, and a development, implementation and evaluation of an action plan. The successful management of psychosocial risks involves that it be integrated in the daily work processes and not treated as a separate project (Leka & Cox, 2010). Dealing with psychosocial risks is an increasingly important part of the claim of health at work. There is a moral, scientific and legal essential to act in order to reduce the harm associated with psychosocial risks and work-related stress. The risk management paradigm provides a framework for positive action – focused on prevention and on work organization. Starting from this theoretical model, we wanted to mirror what employees and managers think about working conditions at European level vs. Romanian perceptions.

OHP in Europe vs. Romania – employees' perspective

In June 2009, the European Agency for Safety and Health at Work (EU-OSHA) has released the results of a Europe-wide opinion poll on safety and health at work. The pan-European perception poll was conducted through the use of an EU-wide omnibus survey, conducted by TNS Infratest, global leader in opinion polling, political and social research and responsible for the Eurobarometer.

A field work study was carried out between April and May 2009. The representative survey involved 1000 people from each EU Members States with participants selected from a wide range of age, educational and occupational backgrounds. The questions were designed to assess the opinions of European citizens on: The importance of safety and health in the workplace, Levels of awareness among workers, Current standards of safety and health practice and their views on how these may change due to the economic crisis. The responses show that the majority of respondents feels well informed about health and occupational safety and considers it an important factor when evaluating a new job opportunity. About 60% of the respondents expect the health and safety working conditions to deteriorate as a direct effect of the global economic turmoil and recession. Also a large majority of respondents (75%) believe their health status is affected to some extent by the job conditions that people have (EU-OSHA, 2009a). Experiencing a difficult economic environment, the employees get more concern about job security than safety and health at workplace. The European citizens tend to value more the job security and the salary level than safe and healthy working conditions when decide to take a new job. However, they perceive themselves as being well informed about the workplace risks. A relative majority of respondents (57%) consider the health and safety improved in the last five years. The results of the poll reflect small gender variations in the attitude towards OSH at European level. Male respondents consider salary (61%) and job security (55%) as the most important factors when taking a new job compared with lower percentages in case of women (53% and 51%). Women seem to give more importance to working hours (26%) when compared with men (19%).

For 40% of *Romanian employees* surveyed, the professional work is to some extent the cause of their poor health status, much less compared with European sample (EU-OSHA, 2009a). Regarding the evolution of health and

safety risks in the last 5 years: 40% of employees consider the situation and working conditions *have worsened*, and 36% of respondents have the opinion that the current economic crisis will negatively influence the health and safety situation at work. Also for *Romanian employees*, the most important and decisive factors *that could influence the decision to change the job*, are: the salary (70% of responses) and job security (37% of responses), the working hours schedule (23%) (EU-OSHA, 2009a). The most important factors taken into account when the employee make a job change or career step decision are the compensation package, job security and the working schedule is the third factor.

Currently, there is widespread concern among European citizens that the current economic crisis could adversely affect health and safety at work. The Romanian employees, as well as many European employees, also feel well informed about occupational safety and health. A significant number of Romanian employees feel that the working conditions have negative impact on their health status and the main reason for changing their job is the salary. This is a blueprint for employee perceptions about health conditions of current work at European level.

In the next section, we will present perception of managers working conditions in European context.

OHP in Europe vs. Romania – managers' perspective

EU-OSHA's European Risk Observatory – ESENER (2009b) aims to assist workplaces across Europe to deal more effectively with health and safety, and to promote the health and well-being of employees. This survey on new and emerging risks (ESENER) explores the views of *managers and workers' representatives* on how health and safety risks are managed at their workplace. In this section, we look only at the answers of management representatives in order to compare it with the employee's perception discussed before based on EU-OSHA survey data. The survey involved approximately 36,000 telephone interviews: 28,649 managers and 7,226 health and safety representatives (518 in Romania) and covers 31 countries (27 European Member States + Norway, Switzerland, Croatia and Turkey). More specific, the survey investigated what enterprises do in practice to manage health and safety and what are their main reasons for taking action.

In the next sub-sections, we will present some relevant aspects related to this survey, such as: health and safety services, concerns about risks and reasons for addressing them, and what are the barriers encountered when tackling psychosocial risks, emphasizing the utility of dealing with them.

Health and safety services

ESENER surveyed establishments about the types of health and safety expertise used, whether in-house or external, and about the main sources of information they drew upon. On average, the most widely used services in the EU – whether in-house or contracted out – are *safety experts* (71%) generally in Europe, and 67% in Romania. An occupational health doctor is used by 69% of the establishments, being most popular in Romania (87%). The use of a general OSH consultancy averaged 62% in the EU and the same in Romania. Also, employing more than one specialist's expertise – psychologists and ergonomists – is

significantly lower than for the more general services described above and with greater variation between countries. Only 28% of establishments report using an ergonomics expert in Europe, but in Romania is the lowest (16%). Psychologists are used even less widely, with an average of only 16%, with the highest level in Romania

(29%). Romania is one of the countries who employs extensively general services, but is not employing very often more than one specialist. Figure 1 below describes the use of services in percentages

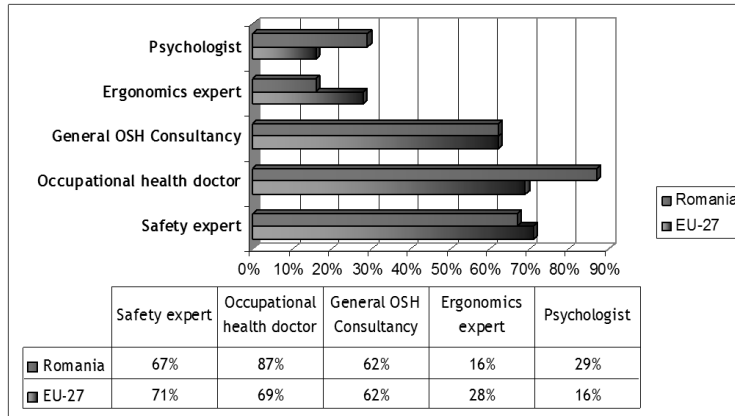


Figure 1. Health and safety services used in Romania

Level of Concern About Some Risks (Romania vs. EU)

ESENER (EU-OSHA, 2009b) explored managers' concern regarding various types of health and safety risk. Figures 2-4 show in detail the results corresponding to psychosocial risks (work-related stress, violence or threat of violence, and bullying or harassment). Romania shows higher levels of concern for all three risk types, in comparison with other European countries, mostly for work-related stress. According to EU-OSHA- ESENER (2009b), managers' concerns about psychosocial risks refer to: 1. Time pressure (52%); 2. Having to deal with difficult customers, patients, pupils, etc. (50%); 3. Job insecurity (27%); 4. Poor communication between management and employees (27%); 5. Poor co-operation between colleagues (25%); 6. Long or irregular working hours (22%); 7. Problems in supervisor-employee relationships (19%); 8. Lack of employee control in organising their work (19%); 9. An unclear human resources policy (14%); 10. Discrimination (for example due to gender, age or ethnicity) (7%). As we know, workload and working hours are a key psychosocial risk factor in Europe (Eurofound, 2007) and this is supported by managers' reporting of time pressure as the primary psychosocial concern, followed by job insecurity, poor cooperation between colleagues and poor communication between management and employees.

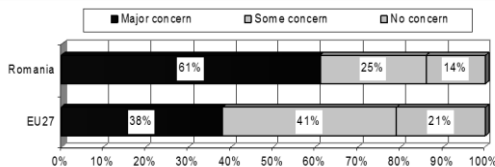


Figure 2. Work related stress-level of concern Romania vs. EU-27 perspectives (source EU-OSHA, 2009b)

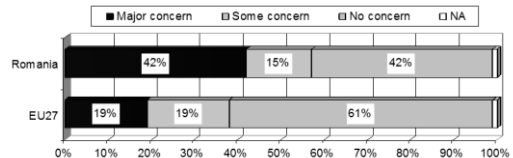


Figure 3. Violence or threat of violence - level of concern Romania vs. EU-27 perspectives (source EU-OSHA, 2009b)

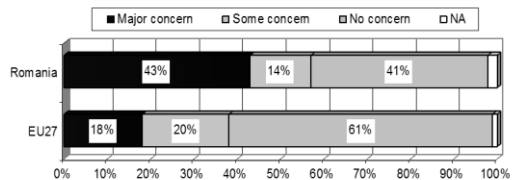


Figure 4. Bullying or harassment - level of concern Romania vs. EU-27 perspectives (source EU-OSHA, 2009b)

There is an interesting picture if we look at the comparison between average distribution of risk factors in Romania and EU. In Romania, top 3 problems are sensitively different from point of managers' view: an unclear human resources policy, problems in supervisor-employee relationships, lack of employee control in organising their work. The details are presented in Figure 5.

Dealing with Psychosocial Risks

Being 'ad hoc' or reactive, measures to deal with psychosocial risks are more common than the 'formal' or systematic procedures mentioned above; particularly in the case of smaller enterprises. Of the measures investigated, provision of training was the most frequently reported, followed at some distance by changes in work organisation, redesign of work area, confidential counselling, changes to working time arrangements and finally conflict resolution procedure. As can be seen in Figure 6, Romanian managers used most frequently

provision of training and a redesign of the work area as measures to deal with psychosocial risks. Interesting for us is the following fact: measures to manage psychosocial risks at work are taken most widely in Romania (together with Finland and Turkey).

EU managers' reported the time pressure as the primary psychosocial concern. Overall, 40% of EU respondents report that their establishment does take action of this type, with those from large establishments, Romania doing so more frequently (56%).

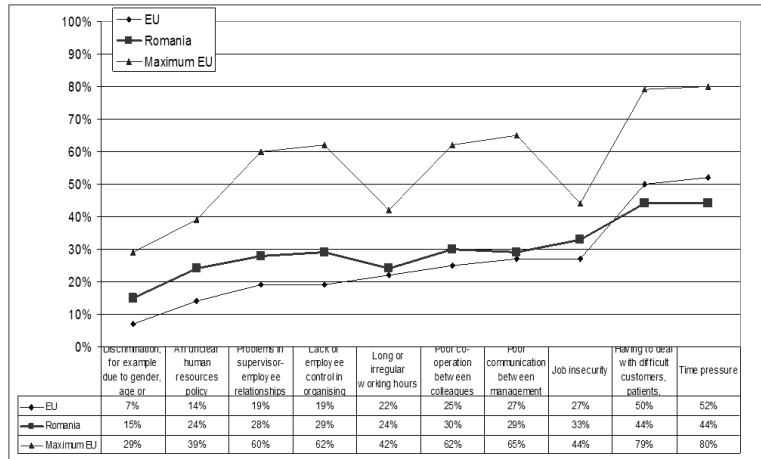


Figure 5. Psychological risks factors as possible causes for concerns (% indicating the existence of factor – source EU-OSHA, 2009b)

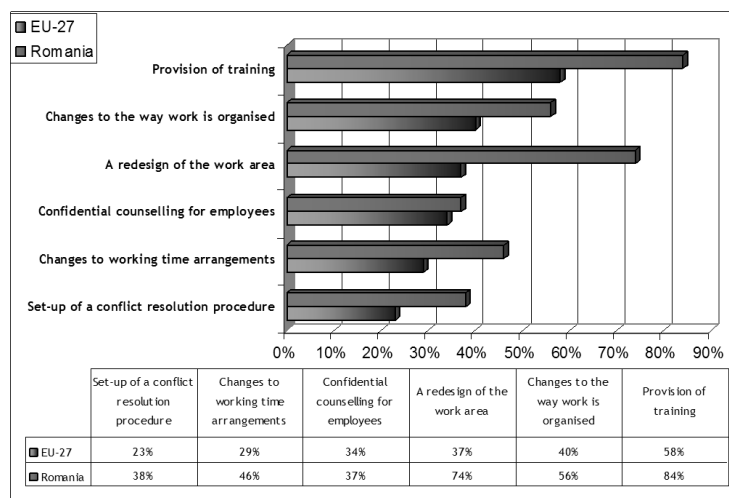


Figure 6. Measures to deal with psychosocial risks in the last 3 years (% indicate existing measures – source EU-OSHA, 2009b)

Major Reasons for Addressing Psychosocial Risks

In terms of measures implemented to deal with psychosocial risks over the past 3 years, ESENER (2009) choose to investigate six of the most known in the scientific literature (see Figure 7). The most important factor prompting establishments to deal with psychosocial risks is *fulfilment of legal obligations* (63% in EU and 74% in Romania). The incidence of the next most important reason, requests from employees or their representatives, is substantially lower (36%) and the remaining reasons are even lower. In Romania there is a stable and strong legislation about environment, health and safety and the companies are obliged by law to implement different actions and to keep record of the OHP information and training performed by each employee during the year. A lack of resources such as time, staff or money is clearly identified as the most important barrier.

It is interesting to note that, while absenteeism is often cited as a main concern for enterprises and is a widely used measure for organisational health, it was cited as a main reason for addressing psychosocial risks at work by only 11% of surveyed establishments in the EU-27, within a relatively narrow range of 5% to 25%, which could imply that managers tend to see a clearer connection between absenteeism and general OSH preventive measures than psychosocial preventive measures (EU-OSHA, 2009b).

Barriers for Tackling Psychosocial Risks

EU-OSHA - ESENER (2009b) also explores the main difficulties in dealing with health and safety in establishments. Figure 8 presents that the most important factors making dealing with psychosocial risks *particularly difficult* are the sensitivity of the issue; a lack of awareness;

a lack of resources (time, staff or money; and a lack of training and/or expertise.

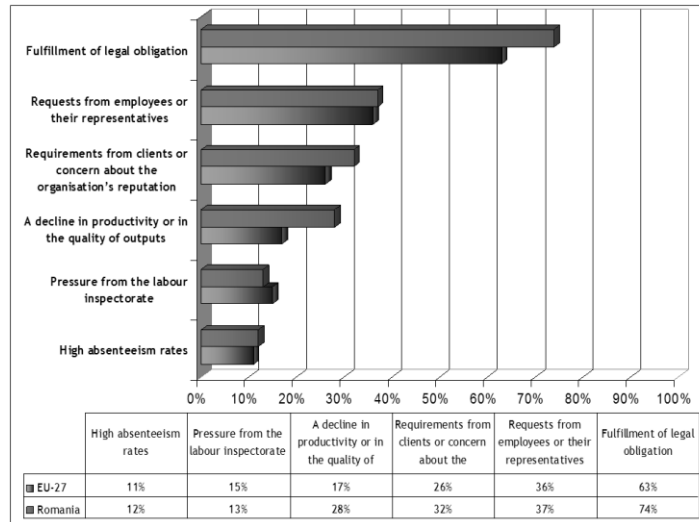


Figure 7. Major reasons for addressing psychosocial risks (source EU-OSHA, 2009b)

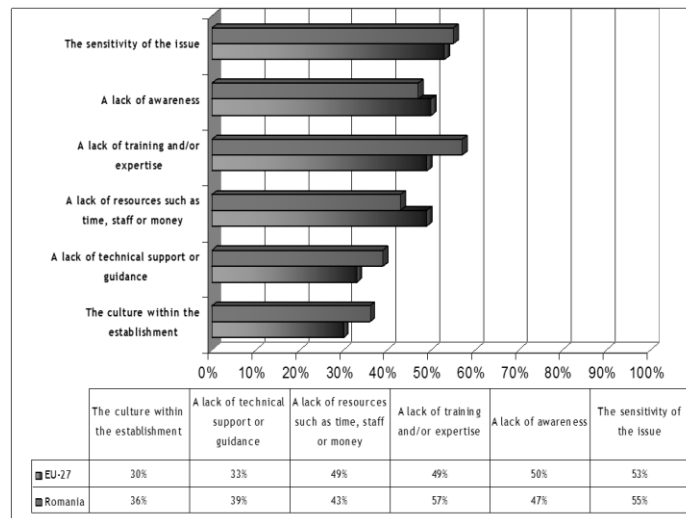


Figure 8. Barriers for tackling psychosocial risks (source EU-OSHA, 2009b)

Utility of Manage Psychosocial Risks

A high proportion of employee representatives are satisfied with the measures taken by the companies to manage psychosocial risks. In general, employees' representatives in charge of health and safety issues reported a high level of willingness from management to introduce measures to manage psychosocial risks. In addition, the majority considered the measures taken to be sufficient. However, this overall positive finding reflects the feedback of the employee representative only in those establishments where an employee representative responsible for health and safety issue exists and it was possible to interview them (EU-OSHA, 2009b).

A key factor in the successful management of psychosocial risks is appropriate employee consultation and involvement (e.g., Cox, Griffiths, & Rial González, 2000). ESENER (EU-OSHA, 2009b) explore this issue through four questions: whether employees are informed about psychosocial risks and their effect on health and

safety; whether they are informed about whom to contact in case of work-related psychosocial problems; whether they are consulted regarding measures to deal with psychosocial risks; and whether they are encouraged to participate actively in the implementation and evaluation of the measures. Only 53% of the respondents from EU reported that they inform employees about psychosocial risks and their effect on health and safety, but substantially more (69%) inform them about whom to contact in case of work-related psychosocial problems (EU-OSHA, 2009b). Respondents from larger establishments and from Romania, Poland and Spain report higher frequencies (90%). Possible psychosocial risk management measures are: Provision of training (related to psychosocial risks); Employees consulted regarding measures to deal with psychosocial risks; Employees informed about psychosocial risks and their effects on health and safety; Action taken if individuals work excessively long or irregular hours; Confidential counselling for employee;

Procedure to deal with bullying or harassment; Procedure to deal with work-related stress; Procedure to deal with work-related violence.

Conclusions

The purpose of this study was to outline the current image of Romania in European barometers of opinion concerning occupational health, to highlight the perspective of Romanian managers on occupational health risks, and the declared measures that can be taken to reduce the risks associated with occupational health and safety.

The main conclusions we would like to highlight are:

- A significant percentage of Romanian employee respondents consider *working conditions* to be the cause of the low level of occupational health; these conditions have worsened over the past five years due to economic crisis;
- For Romanian employees, three are the most important factors responsible for changing the job: *the salary, job security, and working hours*.
- Regarding the services they appeal to increase health and ensure safety at work, the Romanian managers declare occupational health *physician services, safety expert, and general OSH expert consultancy* as main services. Psychological services appear on the last places.
- The declared concern about occupational health risks is significantly higher for Romanian managers, in all the three risk factors investigated: *work-stress, violence, and bullying/harassment*;
- In Romanian managers' perception, the identified main causes of psychosocial risks are: *unclear HR policies, supervisor-employee relationships, and employee lack of control in organizing their work*. We note that Romanian managers attribute the causes of risks rather to the employees and to relationship between employees and supervisors, in other words, to some aspects related to interpersonal background at the workplace.
- Concerning the psychosocial interventions to reduce risks associated with occupational health, Romanian managers identify the most common intervention *employee training and redesign of the work area*. So, if employee-supervisor relationship is seen as a leading cause of occupational health risk, the main remedy is believed to be training, while set up a conflict resolution procedure appears on the last place.
- Regarding the reasons for addressing psychosocial risks, *fulfillment of legal obligation* is better represented reason, while the last is invoked the *high rate of absenteeism*. We see, therefore, that Romanian managers explain the necessity to take action in order to reduce psychosocial risks rather through associations with external, formal pressures than with internal needs.
- Referring to the difficulties in tackling psychosocial risks, this is the aspect of the Romanian managers' perception closest to that of European managers: *the sensitivity of the issue* appears as main declared difficulty, followed by the *lack of awareness* and, on

the last place, the *culture within the establishment*. If they are the invoked difficulties, then a measure can be taken in order to overcome these difficulties would be a campaign for increasing the awareness of the psychosocial risks.

Occupational health in Romania is starting to develop, slowly but steady. Managers and employees understand more and more the benefits of reducing psycho-social risks and fostering personal and organizational resources that further reflect in employee's well-being and their performance. We believe that an important part of this development is raising awareness and training of OHP practice-oriented professionals, and especially teams of professionals, for successful stress audits and well-designed interventions.

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